



REGISTRATION FORM

IMPROVING WORK PROCESSES WITH RELATIONAL COORDINATION: INTEGRATING THE RC SURVEY INTO INTERVENTIONS

DATES/LOCATION TO BE ANNOUNCED

Name: _____ Organization: _____

Title: _____ Address: _____

Phone: _____

Email: _____

Dietary Restrictions: _____

Standard Registration: The standard registration fee is \$2,650.

RCRC Partner Discount: A fee discounted by 10% (\$2,385) is available for current partners of the Relational Coordination Research Collaborative.

Graduate Student Discount: A fee discounted by 33% (\$1,775) is available for full-time graduate students.

Multiple Participant Discount: We offer a discount for 2 or more people from the same organization registering for this workshop; please contact us for details.

Please indicate your preferred method of payment

Credit Card (Invoice will come via PayPal)

Electronic Funds Transfer (Invoice will come via Quickbooks)

Check (mail a check for the appropriate amount, payable to Relationship Centered Health Care, to the address below)

Please submit your completed registration form by means of scanning and email (asuchman@rchcweb.com), fax (206-350-7113) or mail it to:

Relationship Centered Health Care, LLC
ATTN: Anthony Suchman, MD
277 Goodman Street North, Suite 311
Rochester, NY 14607

We will process workshop applications in the order in which they are received. If you need to cancel after you register we cannot offer refunds, but you can transfer your fee to another course or to another person.

Thank you and we look forward to seeing you at our next workshop!